

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	VICTOR VALLEY GLOBAL MEDICAL CENTER
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106361370
Report Period:	01/01/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	02/18/2026
Hospital Location with Clean Water and Air:	N
Hospital Web Address for Equity Report:	www.victorvalleyglobalmedicalcenter.com

Overview

Assembly Bill No. 1204 requires the Department of Health Care Access and Information (HCAI) to develop and administer a Hospital Equity Measures Reporting Program to collect and post summaries of key hospital performance and patient outcome data regarding sociodemographic information, including but not limited to age, sex, race/ethnicity, payor type, language, disability status, and sexual orientation and gender identity.

Hospitals (general acute, children's, and acute psychiatric) and hospital systems are required to annually submit their reports to HCAI. These reports contain summaries of each measure, the top 10 disparities, and the equity plans to address the identified disparities. HCAI is required to maintain a link on the HCAI website that provides access to the content of hospital equity measures reports and equity plans to the public. All submitted hospitals are required to post their reports on their websites, as well.

Laws and Regulations

For more information on Assembly Bill No. 1204, please visit the following link by copying and pasting the URL into your web browser:

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1204

Hospital Equity Measures

Joint Commission Accreditation

General acute care hospitals are required to report three structural measures based on the Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards. For more information on these measures, please visit the following link by copying and pasting the URL into your web browser:

<https://www.jointcommission.org/standards/r3-report/r3-report-issue-36-new-requirements-to-reduce-health-care-disparities/>

The first two structural measures are scored as "yes" or "no"; the third structural measure comprises the percentages of patients by five categories of preferred languages spoken, in addition to one other/unknown language category.

Designate an individual to lead hospital health equity activities (Y = Yes, N = No).

Y

Provide documentation of policy prohibiting discrimination (Y = Yes, N = No).

Y

Number of patients that were asked their preferred language, five defined categories and one other/unknown languages category.

45686

Table 1. Summary of preferred languages reported by patients.

Languages	Number of patients who report preferring language	Total number of patients	Percentage of total patients who report preferring language (%)
English Language	41242	45686	90.3
Spanish Language	4339	45686	9.5
Asian Pacific Islander Languages	49	45686	0.1
Middle Eastern Languages	21	45686	0
American Sign Language	29	45686	0.1
Other Languages	12	45686	0

Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure

There are five domains that make up the CMS Hospital Commitment to HCHE measures. Each domain is scored as "yes" or "no." In order to score "yes," a general acute care hospital is required to confirm all the domain's attestations. Lack of one or more of the attestations results in a score of "no." For more information on the CMS Hospital Commitment to HCHE measures, please visit the following link by copying and pasting the URL into your web browser:
<https://data.cms.gov/provider-data/topics/hospitals/health-equity>

Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure Domain 1: Strategic Planning (Yes/No)

- Our hospital strategic plan identifies priority populations who currently experience health disparities.
- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital strategic plan outlines specific resources that have been dedicated to achieving our equity goals.
- Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.

Y

CMS HCHE Measure Domain 2: Data Collection (Yes/No)

- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital has training for staff in culturally sensitive collection of demographics and/or social determinant of health information.

- Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified electronic health record (EHR) technology.

Y

CMS HCHE Measure Domain 3: Data Analysis (Yes/No)

- Our hospital stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information in hospital performance dashboards.

Y

CMS HCHE Measure Domain 4: Quality Improvement (Yes/No)

- Our hospital participates in local, regional or national quality improvement activities focused on reducing health disparities.

Y

CMS HCHE Measure Domain 5: Leadership Engagement (Yes/No)

- Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity.
- Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually review key performance indicators stratified by demographic and/or social factors.

Y

Centers for Medicare & Medicaid Services (CMS) Social Drivers of Health (SDOH)

General acute care hospitals are required to report on rates of screenings and intervention rates among patients above 18 years old for five health related social needs (HRSN), which are food insecurity, housing instability, transportation problems, utility difficulties, and interpersonal safety. These rates are reported separately as being screened as positive for any of the five HRSNs, positive for each individual HRSN, and the intervention rate for each positively screened HRSN. For more information on the CMS SDOH, please visit the following link by copying and pasting the URL into your web browser:

<https://www.cms.gov/priorities/innovation/key-concepts/social-drivers-health-and-health-related-social-needs>

Number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission and are screened for all of the five HRSN

270

Total number of patients who are admitted to a hospital inpatient stay and who are 18 years or older on the date of admission

4852

Rate of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, were screened for an HRSN, and who screened positive for one or more of the HRSNs

5.6

Table 2. Positive screening rates and intervention rates for the five Health Related Social Needs of the Centers of Medicare & Medicaid Services (CMS) Social Drivers of Health (SDOH).

Social Driver of Health	Number of positive screenings	Rate of positive screenings (%)	Number of positive screenings who received intervention	Rate of positive screenings who received intervention (%)
Food Insecurity	19	7		
Housing Instability	Suppressed	Suppressed		
Transportation Problems	25	9.3		
Utility Difficulties	Suppressed	Suppressed		
Interpersonal Safety	Suppressed	Suppressed		

Core Quality Measures for General Acute Care Hospitals

There are two quality measures from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. For more information on the HCAHPS survey, please visit the following link by copying and pasting the URL into your web browser:

<https://hcahpsonline.org/en/survey-instruments/>

Patient Recommends Hospital

The first HCAHPS quality measure is the percentage of patients who would recommend the hospital to friends and family. For this measure, general acute care hospitals provide the percentage of patient respondents who responded "probably yes" or "definitely yes" to whether they would recommend the hospital, the percentage of the people who responded to the survey (i.e., the response rate), and the inputs for the percentages. The percentages and inputs are stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding HCAHPS question number is 19.

Number of respondents who replied "probably yes" or "definitely yes" to HCAHPS Question 19, "Would you recommend this hospital to your friends and family?"

149

Total number of respondents to HCAHPS Question 19

180

Percentage of total respondents who responded "probably yes" or "definitely yes" to HCAHPS Question 19

82.8

Total number of people surveyed on HCAHPS Question 19

186

Response rate, or the percentage of people who responded to HCAHPS Question 19

96.8

Table 3. Patient recommends hospital by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Asian	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Black or African American	18	23	78.3	23	100
Hispanic or Latino	132	159	83	165	96.4
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
White	82	96	85.4	98	98

Age	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18					
Age 18 to 34	13	14	92.9	14	100
Age 35 to 49	17	23	73.9	26	88.5
Age 50 to 64	35	41	85.4	42	97.6
Age 65 Years and Older	84	102	82.4	104	98.1

Sex assigned at birth	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	96	121	79.3	124	97.6
Male	53	59	89.8	62	95.2
Unknown					

Payer Type	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare					
Medicaid					
Private					
Self-Pay					
Other					

Preferred Language	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language	126	152	82.9	156	97.4
Spanish Language	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed

Disability Status	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability					
Has a mobility disability					
Has a cognition disability					
Has a hearing disability					
Has a vision disability					
Has a self-care disability					
Has an independent living disability					

Sexual Orientation	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual					
Straight or heterosexual					
Bisexual					
Something else					
Don't know					
Not disclosed					

Gender Identity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Female-to-male (FTM)/ transgender male/trans man					
Male					
Male-to-female (MTF)/ transgender female/trans					
Non-conforming gender					
Additional gender category or other					
Not disclosed					

Patient Received Information in Writing

The second HCAHPS quality measure is the percentage of patients who reported receiving information in writing on symptoms and health problems to look out for after leaving the hospital. General acute care hospitals are required to provide the percentage of patient respondents who responded "yes" to being provided written information, the percentage of the people who responded to the survey (i.e., the response rate), and the inputs for these percentages. These percentages and inputs are stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding HCAHPS question number is 17.

Number of respondents who replied "yes" to HCAHPS Question 17, "During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the

hospital?"

144

Total number of respondents to HCAHPS Question 17

173

Percentage of respondents who responded "yes" to HCAHPS Question 17

83.2

Total number of people surveyed on HCAHPS Question 17

186

Response rate, or the percentage of people who responded to HCAHPS Question 17

93

Table 4. Patient reports receiving information in writing about symptoms or health problems by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Asian	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Black or African American	16	22	72.7	23	95.7
Hispanic or Latino	129	154	83.8	165	93.3
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
White	75	92	81.5	98	93.9

Age	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18					
Age 18 to 34	11	13	84.6	14	92.9
Age 35 to 49	21	24	87.5	26	92.3
Age 50 to 64	31	41	75.6	42	97.6
Age 65 Years and Older	81	95	85.3	104	91.3

Sex assigned at birth	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	96	115	83.5	124	92.7
Male	48	58	82.8	62	93.5
Unknown					

Payer Type	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare					
Medicaid					
Private					
Self-Pay					
Other					

Preferred Language	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language	117	145	80.7	156	92.9
Spanish Language	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign					
Other/Unknown Languages	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed

Disability Status	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability					
Has a mobility disability					
Has a cognition					
Has a hearing disability					
Has a vision disability					
Has a self-care					
Has an independent living disability					

Sexual Orientation	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual					
Straight or heterosexual					
Bisexual					
Something else					
Don't know					
Not disclosed					

Gender Identity	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Female-to-male (FTM)/ transgender male/trans man					
Male					
Male-to-female (MTF)/ transgender female/trans woman					
Non-conforming gender					
Additional gender category or other					
Not disclosed					

Agency for Healthcare Research and Quality (AHRQ) Indicators

General acute care hospitals are required to report on two indicators from the Agency for Healthcare Research and Quality (AHRQ). For general information about AHRQ indicators, please visit the following link by copying and pasting the URL into your web browser:

<https://qualityindicators.ahrq.gov/>

Pneumonia Mortality Rate

The Pneumonia Mortality Rate is defined as the rate of in-hospital deaths per 1,000 hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission for patients ages 18 years and older. General acute care hospitals report the Pneumonia Mortality Rate by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Inpatient Quality Indicator is 20. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser:

https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_20_Pneumonia_Mortality_Rate.pdf

Number of in-hospital deaths with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

19

Total number of hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

329

Rate of in-hospital deaths per 1,000 hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

57.8

Table 5. Pneumonia Mortality Rate by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more)			
Native Hawaiian or Pacific Islander			
White	Suppressed	Suppressed	Suppressed

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	13	173	75.1

Sex assigned at birth	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	Suppressed	Suppressed	Suppressed
Male	Suppressed	Suppressed	Suppressed
Unknown			

Payer Type	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Medicare	17	186	91.4
Medicaid	Suppressed	Suppressed	Suppressed
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	19	329	57.8

Disability Status	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female			
Female-to-male (FTM)/ transgender male/trans man			
Male			
Male-to-female (MTF)/ transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

Death Rate among Surgical Inpatients with Serious Treatable Complications

The Death Rate among Surgical Inpatients with Serious Treatable Complications is defined as the rate of in-hospital deaths per 1,000 surgical discharges among patients ages 18-89 years old or obstetric patients with serious treatable complications. General acute care hospitals report this measure by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Patient Safety Indicator is 04. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser:

<https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2023/TechSpecs/>

[PSI_04_Death_Rate_among_Surgical_Inpatients_with_Serious_Treatable_Complications.pdf](#)

Number of in-hospital deaths among patients aged 18-89 years old or obstetric patients with serious treatable complications

Suppressed

Total number of surgical discharges among patients aged 18-89 years old or obstetric patients

Suppressed

Rate of in-hospital deaths per 1,000 surgical discharges, among patients aged 18-89 years old or obstetric patients with serious treatable complications

Suppressed

Table 6. Death Rate among Surgical Inpatients with Serious Treatable Complications by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native			
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more)			
Native Hawaiian or Pacific Islander			
White	Suppressed	Suppressed	Suppressed

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	Suppressed	Suppressed	Suppressed

Sex assigned at birth	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	Suppressed	Suppressed	Suppressed
Male	Suppressed	Suppressed	Suppressed
Unknown			

Payer Type	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Medicare	Suppressed	Suppressed	Suppressed
Medicaid	Suppressed	Suppressed	Suppressed
Private			
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	Suppressed	Suppressed	Suppressed

Disability Status	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female			
Female-to-male (FTM)/ transgender male/trans man			
Male			
Male-to-female (MTF)/ transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

California Maternal Quality Care Collaborative (CMQCC) Core Quality Measures

There are three core quality maternal measures adopted from the California Maternal Quality Care Collaborative (CMQCC).

CMQCC Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate

The CMQCC Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate is defined as nulliparous women with a term (at least 37 weeks gestation), singleton baby in a vertex position delivered by cesarian birth. General acute care hospitals report the NTSV Cesarean Birth Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information, please visit the following link by copying and pasting the URL into your web browser:

<https://www.cmqcc.org/quality-improvement-toolkits/supporting-vaginal-birth/ntsv-cesarean-birth-measure-specifications>

Number of NTSV patients with Cesarean deliveries

102

Total number of nulliparous NTSV patients

317

Rate of NTSV patients with Cesarean deliveries

0.3

Table 7. Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
American Indian or Alaska Native			
Asian	Suppressed	Suppressed	Suppressed
Black or African American	11	29	0.4
Hispanic or Latino	67	199	0.3
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	Suppressed	Suppressed	Suppressed
Native Hawaiian or Pacific Islander			
White	17	54	0.3

Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18	Suppressed	Suppressed	Suppressed
Age 18 to 29	82	261	0.3
Age 30 to 39	Suppressed	Suppressed	Suppressed
Age 40 Years and Older			

Sex assigned at birth	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Female			
Male			
Unknown			

Payer Type	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Medicare			
Medicaid	82	254	0.3
Private	Suppressed	Suppressed	Suppressed
Self-Pay	Suppressed	Suppressed	Suppressed
Other			

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
English Language	Suppressed	Suppressed	Suppressed
Spanish Language	Suppressed	Suppressed	Suppressed
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

Disability Status	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

CMQCC Vaginal Birth After Cesarean (VBAC) Rate

The CMQCC Vaginal Birth After Cesarean (VBAC) Rate is defined as vaginal births per 1,000 deliveries by patients with previous Cesarean deliveries. General acute care hospitals report the VBAC Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The VBAC Rate uses the specifications of AHRQ Inpatient Quality Indicator 22. For more information, please visit the following link by copying and pasting the URL into your web browser:

[https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_\(VBAC\)_Delivery_Rate_Uncomplicated.pdf](https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_(VBAC)_Delivery_Rate_Uncomplicated.pdf)

Number of vaginal delivery among cases with previous Cesarean delivery that meet the inclusion and exclusion criteria

Suppressed

Total number of birth discharges with previous Cesarean delivery that meet the inclusion and exclusion criteria

Suppressed

Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries

Suppressed

Table 8. Vaginal Birth After Cesarean (VBAC) Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
American Indian or Alaska Native			
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	Suppressed	Suppressed	Suppressed
Native Hawaiian or Pacific	Suppressed	Suppressed	Suppressed
White	Suppressed	Suppressed	Suppressed

Age	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Age < 18			
Age 18 to 29	Suppressed	Suppressed	Suppressed
Age 30 to 39	Suppressed	Suppressed	Suppressed
Age 40 Years and Older	Suppressed	Suppressed	Suppressed

Sex assigned at birth	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Female			
Male			
Unknown			

Payer Type	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Medicare			
Medicaid	Suppressed	Suppressed	Suppressed
Private	Suppressed	Suppressed	Suppressed
Self-Pay	Suppressed	Suppressed	Suppressed
Other			

Preferred Language	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
English Language	Suppressed	Suppressed	Suppressed
Spanish Language	Suppressed	Suppressed	Suppressed
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

Disability Status	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living			

Sexual Orientation	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or			
Not disclosed			

CMQCC Exclusive Breast Milk Feeding Rate

The CMQCC Exclusive Breast Milk Feeding Rate is defined as the newborns per 100 who reached at least 37 weeks of gestation (or 3000g if gestational age is missing) who received breast milk

exclusively during their stay at the hospital. Other criteria are that the newborns did not go to the neonatal intensive care unit (NICU), transfer, or die, did not reflect multiple gestation, and did not have codes for parenteral nutrition or galactosemia. General acute care hospitals report the Exclusive Breast Milk Feeding Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The CMQCC Exclusive Breast Milk Feeding Rate uses the Joint Commission National Quality Measure PC-05. For more information, please visit the following link by copying and pasting the URL into your web browser: <https://manual.jointcommission.org/releases/TJC2024B/MIF0170.html>

Number of newborn cases that were exclusively fed breast milk during their hospital stay and meet the inclusion and exclusion criteria

NA

Total number of newborn cases born in the hospital that meet the inclusion and exclusion criteria

NA

Rate of newborn cases per 100 that were exclusively fed breast milk during their hospital stay and meet the inclusion and exclusion criteria

NA

Table 9. Exclusive Breast Milk Feeding Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific			
White			

Age	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 29			
Age 30 to 39			
Age 40 Years and Older			

Sex assigned at birth	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Female			
Male			
Unknown			

Payer Type	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

Preferred Language	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

Disability Status	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living			

Sexual Orientation	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

General acute care hospitals are required to report several HCAI All-Cause Unplanned 30-Day Hospital Readmission Rates, which are broadly defined as the percentage of hospital-level, unplanned, all-cause readmissions after admission for eligible conditions within 30 days of hospital discharge for patients aged 18 years and older. These rates are first stratified based on any eligible condition, mental health disorders, substance use disorders, co-occurring disorders, and no behavioral health diagnosis. Then, each condition-stratified hospital readmission rate is further stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information on the HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, please visit the following link by copying and pasting the URL into your web browser:

https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate – Any Eligible Condition

Number of inpatient hospital admissions which occurs within 30 days of the discharge date of an eligible index admission and were 18 years or older at time of admission

247

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

3372

Rate of hospital-level, unplanned, all-cause readmissions after admission for any eligible condition within 30 days of hospital discharge for patients aged 18 and older

7.3

Table 10. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for any eligible condition by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	Suppressed	Suppressed	Suppressed
Black or African American	94	806	11.7
Hispanic or Latino	62	1232	5
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	87	1210	7.2

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	29	511	5.7
Age 35 to 49	35	714	4.9
Age 50 to 64	79	966	8.2
Age 65 Years and Older	104	1181	8.8

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	122	1662	7.3
Male	125	1710	7.3
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	116	1347	8.6
Medicaid	102	1576	6.5
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	247	3372	7.3

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Mental Health Disorders

Number of inpatient hospital admissions which occurs within 30 days of the discharge date for mental health disorders and were 18 years or older at time of admission

29

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

423

Rate of hospital-level, unplanned, all-cause readmissions after admission for mental health disorders within 30 days of hospital discharge for patients aged 18 and older

6.9

Table 11. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for mental health disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	17	179	9.5

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	16	145	11

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	16	244	6.6
Male	13	179	7.3
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	17	185	9.2
Medicaid	11	193	5.7
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	29	423	6.9

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Substance Use Disorders

Number of inpatient hospital admissions which occurs within 30 days of the discharge date for substance use disorders and were 18 years or older at time of admission

18

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

208

Rate of hospital-level, unplanned, all-cause readmissions after admission for substance use disorders within 30 days of hospital discharge for patients aged 18 and older

8.7

Table 12. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for substance use disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	Suppressed	Suppressed	Suppressed

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	Suppressed	Suppressed	Suppressed

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	Suppressed	Suppressed	Suppressed
Male	Suppressed	Suppressed	Suppressed
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	Suppressed	Suppressed	Suppressed
Medicaid	16	151	10.6
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	18	208	8.7

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Co-occurring disorders

Number of inpatient hospital admissions which occurs within 30 days of the discharge date for co-occurring disorders and were 18 years or older at time of admission

Suppressed

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

Suppressed

Rate of hospital-level, unplanned, all-cause readmissions after admission for co-occurring disorders within 30 days of hospital discharge for patients aged 18 and older

Suppressed

Table 13. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for co-occurring disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient admissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native			
Asian			
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	Suppressed	Suppressed	Suppressed

Age	Number of inpatient admissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	Suppressed	Suppressed	Suppressed

Sex assigned at birth	Number of inpatient admissions	Total number of admitted patients	Readmission rate (%)
Female	Suppressed	Suppressed	Suppressed
Male	Suppressed	Suppressed	Suppressed
Unknown			

Payer Type	Number of inpatient admissions	Total number of admitted patients	Readmission rate (%)
Medicare	Suppressed	Suppressed	Suppressed
Medicaid	Suppressed	Suppressed	Suppressed
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of inpatient admissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	Suppressed	Suppressed	Suppressed

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - No Behavioral Health Diagnosis

Number of inpatient hospital admissions which occurs within 30 days of the discharge date with no behavioral diagnosis and were 18 years or older at time of admission

196

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

2659

Rate of hospital-level, unplanned, all-cause readmissions after admission with no behavioral diagnosis within 30 days of hospital discharge for patients aged 18 and older

7.4

Table 14. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate with No Behavioral Diagnosis by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	Suppressed	Suppressed	Suppressed
Black or African American	80	620	12.9
Hispanic or Latino	50	1020	4.9
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	63	928	6.8

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	23	388	5.9
Age 35 to 49	25	530	4.7
Age 50 to 64	62	743	8.3
Age 65 Years and Older	86	998	8.6

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	97	1321	7.3
Male	99	1338	7.4
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	97	1111	8.7
Medicaid	72	1178	6.1
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	196	2659	7.4

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

Health Equity Plan

All general acute care hospitals report a health equity plan that identifies the top 10 disparities and a written plan to address them.

Top 10 Disparities

Disparities for each hospital equity measure are identified by comparing the rate ratios by stratification groups. Rate ratios are calculated differently for measures with preferred low rates and those with preferred high rates. Rate ratios are calculated after applying the California Health and Human Services Agency's "Data De-Identification Guidelines (DDG)," dated September 23, 2016.

Table 15. Top 10 disparities and their rate ratio values.

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Race and/or Ethnicity	Black or African American	12.9	Hispanic or Latino	4.9	2.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Black or African American	11.7	Hispanic or Latino	5	2.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)	65 and older	8.6	35 to 49	4.7	1.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	8.8	35 to 49	4.9	1.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)	50 to 64	8.2	35 to 49	4.7	1.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	18 to 34	5.7	35 to 49	4.9	1.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health)	Expected Payor	Medicare	9.5	Medicaid	0.3	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	White	7.2	Hispanic or Latino	5	1.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor	Medicare	8.6	Medicaid	6.1	1.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Race and/or Ethnicity	White	6.8	Hispanic or Latino	4.9	1.4

Plan to address disparities identified in the data

At Victor Valley Global Medical Center, we have already begun a multidisciplinary deeper dive into the equity data to better understand where we can make the biggest difference and reduce gaps in care, with the goal of decreasing disparities for all patients, particularly those identified in the equity report. This work is in progress and will continue through 2026, with ongoing reviews to ensure we are meeting our goals. To address our top identified disparity populations, we have implemented a comprehensive plan that combines care coordination, patient education, social support, and community partnerships. We are addressing our identified disparity populations through the following actions: - Inpatient multidisciplinary rounds (MDRS). - Educational assessment completed and evaluated by an RN/case manager. - Health literacy promotion through readback / teach back education. - Translation and interpretive services for language and hearing barriers. - Screening admitted patients using social determinants of health (SDOH). Using specific questions upon admission and discharge, we identify challenges and patients with positive screens will receive documented intervention and follow up - We refer patients to local food banks/pantries and soup

kitchens (a list of these resources is provided in English and Spanish). - We refer Medicare patients for help with transportation to their medical appointments as well as certain Medi-Cal patients whose insurance plan allows. We also provide buss vouchers when needed. - we are compliant with Senate Bill 1152 to ensure needs for transportation, weather appropriate clothing, provision of a meal, and medications are offered to those experiencing homelessness. - Interpreter services are provided to communicate using the patient's preferred language. -- New employee orientation and annual education is provided to all staff for health equity, workplace violence, and implicit bias competencies for OB staff. - We provide a list of local resources, in English and Spanish, that includes food banks, and other community resources that can be helpful to our patients. - For patients whose plans do not offer home health care, we may keep these patients for an extra day in the hospital to ensure they have a safe discharge and to reduce the risk of readmission. - We identify patients who will not qualify for Skilled Nursing Facility (SNF) placement promptly and notify the patient care team so they can work on mobility and strengthening as soon as appropriate; we often keep these patients an extra 1-2 days to work with physical therapy on strengthening and mobility to ensure a safe discharge and decreased risk of readmission. - For added support to substance use disorder (SUD) patients in our community, including Medi-Cal and Medicare patients, we refer to our community SUD program AND/OR refer to medication assisted treatment (MAT) program for medication assisted treatment, and refer patients to Alcoholics Anonymous (AA). We offer these options to help support patients while they are waiting for an inpatient rehabilitation bed to become available. - To better support continuity of care, we attempt to schedule a follow-up appointment for discharged patients with their PCP or connect them with a PCP if they do not have one. -We conduct follow-up calls with our OB patients to ensure they have timely access to post-partum care. -For patients with SUD, we attempt to schedule a follow up visit for them after emergency room discharges to ensure they have timely access to clinic appointments. Other key initiatives are: Identifying priority populations and equity goals. Allocating resources for equity initiatives Training staff in culturally sensitive data collection Documenting SDOH in the EHR Engaging in disparity-focused quality improvement We meet regularly to monitor progress, address gaps, and drive continuous improvement, reflecting our commitment to equitable care for all patients. To address disparities in breast feeding rates we support our staff in becoming Certified Lactation Counselor (CLC) trained so families have more access for in-person consults while in our care. Cultural factors are considered in providing personalized care to promote Culturally Competent Care. To reduce the rates of unnecessary Cesarean procedures we focus on patient education, continuous monitoring, and policy reforms taking into consideration cultural factors. By 2026, at least 90% of all patients will be screened for SDOH; 80% of patients with positive screens will receive documented intervention and follow up by LCSW/case management prior to discharge.

Performance in the priority area

General acute care hospitals are required to provide hospital equity plans that address the top 10 disparities by identifying population impact and providing measurable objectives and specific timeframes. For each disparity, hospital equity plans will address performance across priority areas: person-centered care, patient safety, addressing patient social drivers of health, effective treatment, care coordination, and access to care.

Person-centered care

Our mission is to deliver safe, high-quality care and engage the community in the improvement of health and wellness. We thrive to provide exceptional compassionate care. Our care is founded on knowledge, grounded in evidence-based practice, demonstrated by competence, and guided by ethical values. We build relationships through effective communication and based on empathic and caring behavior. Our consistent exceptional care reflects our understanding of patients' emotional,

physical and spiritual needs. We support our diverse community through health literacy promotion, and translation and interpretive services for language and hearing barriers. We respect the health care needs of individuals through all stages of life. We strive to deliver care that: - Is thoughtful, individualized, culturally sensitive, and comprehensive care in a safe, nondiscriminatory environment. - We effectively use the nursing process (assessment, planning, intervention, and evaluation) to provide our patients with the highest level of quality care possible. -our care is individualized to patient, family-centered, and requires effective relationships, teamwork, and leadership to be effective. - We encourage and support all care personnel to continually focus on life-long learning, striving for excellence with their scope of practice and training, demonstrate continual competence, have an opportunity for development of their potential, and be engaged in activities that improve overall patient care. - We promote professional practice by setting standards for professional conduct; formulating policies and standards of care that are evidenced-based; providing effective assessment, intervention, and promotion of health; promotion of healing; and communication across the care continuum. - We routinely evaluate providers and nursing practices as well as care delivery to determine effectiveness and/or the need for improvement. - We respect patient's rights and responsibilities, promote a culture of safety, and utilize our Just Culture framework. Our operational practices are designed to support Person-Centered Care at every stage of the patient's experience. Each patient's plan of care is individualized, based on their unique needs, and reviewed in daily multidisciplinary rounds, bringing together physicians, nurses, case managers, physical therapists, pharmacists, and other team members to ensure care is coordinated and individualized. Every patient also receives an educational needs assessment to ensure teaching is tailored to their literacy level and cultural background. Educational materials are available in the most common languages spoken within our community and offered in multiple formats to support different learning needs. Additionally, all patients are seen by a case manager to support discharge planning, address social determinants of health, and ensure safe transitions of care. One of the ways that we incorporate patient voices into care planning is via rounding. We conduct different types of rounds such as hospital leader rounds with a goal of seeing all admitted patients with the purpose of inquiring about their current stay, helping them navigate issues in their care, and recognizing staff who have stood out in the eyes of the patients.

Patient safety

Our hospital defines patient safety as minimizing risks and harm during care, with equity at the center of our practice. We track safety indicators such as falls, medication errors, and hospital-acquired conditions through regular reviews and multidisciplinary rounds, and we examine whether outcomes vary across sociodemographic groups such as age, race/ethnicity, gender identity, sexual orientation, preferred language, disability status, payor, and sex to identify populations at greater risk. In reviewing events, we also consider language barriers, cultural context, and health literacy to keep prevention strategies patient-centered and equitable. To reduce harm, we teach staff about cultural humility, bias, and interpreter use; we follow a Just Culture approach that promotes open reporting and system improvement. Translation and interpretive services are provided in the most common languages in our community, including American Sign Language, so patients fully understand their care. Patients and families are also active partners in safety, with families invited to join daily rounds, in addition to case managers who work closely with them to plan safe discharges that lower the risk of complications and readmissions. Staff are trained in patient-centered and culturally responsive care, which supports both safety and quality by aligning treatment with the patient's needs and background. Patient feedback and incident reporting are used to identify trends, guide quality initiatives, and implement corrective actions when needed. Leadership regularly reviews these data to ensure accountability and improvement. Through these efforts, our organization demonstrates a strong commitment to patient safety by fostering clear communication, reducing preventable risks, and supporting safe, high-quality care for all patient

Addressing patient social drivers of health

In 2025, we started the process to screen our admitted patients using Social Determinants of Health (SDOH) specific questions upon patient admission and discharge. When needs are identified: - We refer patients to local food banks/pantries and soup kitchens (a list of these resources is provided in English and Spanish). - We refer Medicare patients for help with transportation to their medical appointments as well as certain Medi-Cal patients whose insurance plan allows. We also provide the local bus schedule and other local transportation options. - Patients having difficulties paying for their utilities, we provide phone numbers of the utility companies' assistance programs (most have them). We also provide a list of local resources, in English and Spanish, that includes food banks, and other community resources that can be helpful to our patients.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Every patient who is hospitalized receives evidence based, timely and appropriate care regardless of age and/or payor. However, when discharge planning, patients may have limited choices based on their insurance. For example, some Medicare and Medi-Cal HMO plans may not offer Home Health to their subscribers. Also, insurance plans have set criteria that have to be met to qualify for skilled nursing and home health. To address these challenges: - Sometimes, we may keep these patients for an extra day in the hospital to ensure they have a safe discharge and to reduce the risk of readmission. - We identify patients who will not qualify for Skilled Nursing Facility (SNF) placement promptly and notify the patient care team so that the team can work on mobility and strengthening as soon as appropriate and often keep patients an extra day or two to work with physical therapy nursing on strengthening and mobility to ensure a safe discharge and decreased risk of readmission. - For added support to substance use disorder (SUD) patients in our community, including Medi-Cal and Medicare patients, we refer to our community SUD program AND/OR refer to a medication assisted treatment (MAT) program for medication assisted treatment and Alcoholics Anonymous (AA). We offer these options to help support patients while they are waiting for an inpatient rehabilitation bed to become available.

Care coordination

Our hospital places a strong emphasis on care coordination to ensure that patients receive seamless, safe, and effective services across the continuum of care. By fostering communication between providers, engaging families, and linking patients to community resources, we reduce fragmentation and improve health outcomes. Daily coordination among physicians, nurses, social workers, rehabilitation therapists, registered dietitians and pharmacists ensures that treatment plans are integrated, individualized, and reflect the full scope of patient needs. Discharge planning begins early in the hospitalization and includes medication reconciliation, patient and family education, and coordination with outpatient providers to support continuity of care. Patients with identified social or behavioral health needs are connected to appropriate community-based services. Preferred language documentation, interpreter services, and bilingual patient materials help ensure patients and families fully understand care plans and discharge instructions. Families are involved in discussions about goals of care, treatment decisions, and discharge planning to support adherence and smooth transitions. Continuous Review: Leadership monitors care coordination processes through feedback, readmission data, and incident reporting to identify opportunities for ongoing improvement. Through these practices, our organization demonstrates strong performance in care coordination by promoting continuity, reducing barriers, and supporting patient safety and recovery both during hospitalization and after discharge. At VVGMC 100% of admitted patients receive

discharge planning services to assure a safe discharge plan according to their unique life situation. The case managers at VVGMC refer patients to services covered by their insurance and in their geographic location based on the patient and their family's preferences. When services are limited due to insurance, we partner with local resources within the community. VVGMC has also partnered with local homeless programs. Patient safety is emphasized during transitions of care through medication reconciliation, clear discharge instructions, and education provided in the patient's preferred language to prevent adverse events and readmissions.

Access to care

Our organization is committed to ensuring timely and equitable access to care for all patients in our community. We recognize that access is influenced by multiple factors, including language, availability of services, and care coordination, and we have implemented practices to reduce barriers and support patient needs. Forms are available in English and Spanish, interpreter services are consistently offered, and patients preferred language is documented to ensure effective communication and equitable access. Admission and discharge workflows are designed to minimize delays, ensuring that patients receive care as quickly as possible when referred or admitted. Recognizing Spanish as the second most common language in our community, we prioritize culturally and linguistically responsive services to better meet the needs of our diverse patient population. Care teams coordinate with outpatient providers and community agencies to help patients access follow-up care, behavioral health services, housing resources, and other supports after discharge. Families and caregivers are included in planning to ensure patients have the necessary support to access appointments, medications, and ongoing treatment. Access challenges are reviewed regularly, and leadership uses patient feedback and operational data to guide improvement efforts. Through these efforts, our organization demonstrates strong performance in access to care by reducing barriers, supporting equity, and ensuring patients receive the services they need when they need it.

Methodology Guidelines

Did the hospital follow the methodology in the Measures Submission Guide? (Y/N)

Y